



Attorney Docket No: RYA-118/CIP/CON

POWER OF ATTORNEY BY ASSIGNEE

The undersigned assignee of the entire interest in application no. 09/163,807 for Letters Patent filed 9/30/98 for the invention entitled:

DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE

by virtue of Assignment recorded concurrently herewith hereby appoints Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894 as its attorneys to prosecute the attached application and to transact all business in the Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor(s) and their attorney(s) in accordance with the provisions of Rule 32 of the Patent Office Rules of Practice.

Please direct all communication relative to said application to the following correspondence address:

Marek Alboszta
Lumen
426 Lowell Avenue
Palo Alto, California 94301
Telephone: 650-321-6630
Facsimile: 650-321-1621

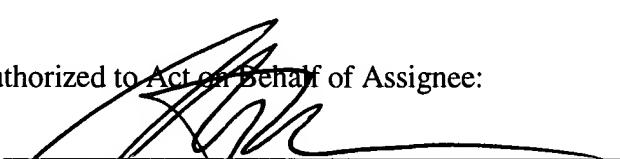
I am duly authorized to sign this instrument on behalf of assignee corporation. I hereby declare that, to the best of my knowledge and belief, title is in the assignee herein, and I affirm review of the Assignment document concurrently submitted and believe that the attached application has been assigned to assignee herein and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s).

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNEE: HEALTH HERO NETWORK, INC.

Health Hero Network, Inc.
2570 West El Camino Real
Suite 111
Mountain View, CA 94040

Official Authorized to Act on Behalf of Assignee:

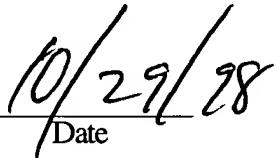
Signature: 

Name: _____

Stephen J. Brown

Title: _____

President


Date



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(d)) - SMALL BUSINESS CONCERN

Application No.: 09/163,807

Filing Date: 9/30/98

Applicant(s): David R.L. Worthington and Stephen J. Brown

Title: DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE

I hereby declare that I am the owner of, or an official empowered to act on behalf of, the entity identified below:

Name of Concern: **Health Hero Network, Inc.**

Address of Concern: **2570 West El Camino Real, Suite 111
Mountain View, CA 94040**

I hereby declare that the concern identified above qualifies as a small business concern as defined in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention identified above and described in the application for Letters Patent filed herewith.

If the rights held by the concern identified above are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name:	none	<input type="checkbox"/> Individual
Address:		<input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization

I acknowledge the duty to file, in this application for patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

ASSIGNEE: **Health Hero Network, Inc.
2570 West El Camino Real, Suite 111
Mountain View, CA 94040**

Official Authorized to Act on Behalf of Assignee:

Signature:

Name: **Stephen J. Brown**

Title: **President**

Date